



Department of Agriculture
Market Development Division
Ellington Agricultural Center
P. O. Box 40627
Nashville, TN 37204
(615) 837-5160

**SUMMARY OF ORGANIZATION
AND ANNUAL FINANCIAL ACTIVITY
OF A FAIR RECEIVING STATE AID**

Date of Filing: _____
2014 Fair Dates: _____

INSTRUCTIONS:

A fair or exposition must use this form to report financial activities. If you have not completed a full year of operation, you must submit a proposed budget for your first year of operation. This form is due by **November 1** of each year. Please **type or print** all items on this form that are applicable to your organization.

Gross revenue includes all monies received by your organization from all sources, before expenses are deducted.

This form, including attachments, is a public record.

Name of Organization: _____
Federal Employer Identification Number _____
Address of principal office _____

city state zip county
If organization does not maintain an office, give the name and address of the person having custody of its financial records _____
Mailing address, if different from principal office: _____
Telephone number _____ Fax Number _____
E-mail address _____

1. Describe the purpose of the organization: _____

- 2.a. Legal entity of organization ☐ Corporation ☐ Partnership ☐ Association
☐ Other (specify) _____
- 2.b. When and where was legal entity organized? Date _____
City _____ State _____
- 2.c. Beginning and ending dates for fiscal year of organization _____
3. Please **attach** a copy of your charter, bylaws and/or other similar governing document.
- 4.a. Has organization received tax exemption from Internal Revenue Service? ☐ Yes ☐ No
- 4.b. Has your tax exempt status classification ever been revoked by the Internal Revenue Service?
☐ Yes ☐ No
If yes, attach copy of letter of revocation and a written summary of the basis of the revocation.
- 4.c. If you have applied for a tax exempt classification with the Internal Revenue Service, **but have not received final determination letter:**
(1) Attach copy of application. ☐ Yes ☐ N/A
(2) Attach copy of Internal Revenue Service letter acknowledging receipt of application ☐ Yes

5. List names, addresses and phone numbers of all individuals responsible for custody, expenditure or distribution of receipts, contributions and other sources of income of the organization:

6. **GROSS REVENUE:**

- a. Gross gate/ticket receipts \$ _____
- b. Special Events (events/entertainment not included in a. above) \$ _____
- c. Sponsorships (sponsors, catalog ads) \$ _____
- d. Rental of Grounds/Concession Income \$ _____
- e. Government grants/payments (State Aid, Merit, Grants) \$ _____
- f. Commercial exhibits \$ _____
- g. Other revenue \$ _____
- (Entry fees, i.e. livestock, participation fees, box seat sales,
other event fees not included in b. above)

Total Gross Revenue \$ _____

7. **EXPENSES:**

- a. Program/Services (fair operation expenses, utilities, improvements, etc.) \$ _____
- b. Administrative (printing, personnel, security, etc.) \$ _____
- c. Premiums (premiums paid to exhibitors) \$ _____
- d. Other (advertising, giveaways, etc.) \$ _____

Total Expenses \$ _____

Excess (deficit) of Revenue over Expenses \$ _____

SIGNATURE SECTION

This document must be signed by two separate authorized officers in the presence of a Notary Public. Two signatures from the same individual cannot be accepted.

I/We certify that the information furnished in this application and all continuation sheets is true and correct to the best of my/our knowledge. Additionally, I/We understand that registration does not imply approval by the state of Tennessee and that any statement indicating otherwise is a violation of Tennessee law.

Signature of Authorized Officer

Date Signed

Signature of Authorized Officer

Date Signed

Print Name

Print Name

Title

Title

NOTARY SEAL

NOTARY SEAL

SWORN TO AND SUBSCRIBED BEFORE ME AT:

SWORN TO AND SUBSCRIBED BEFORE ME AT:

(County and State)

(County and State)

This _____ Day of _____, 20____

This _____ Day of _____, 20____

Signature of Notary Public

Signature of Notary Public

My Commission Expires: _____

My Commission expires: _____